

Region VII Behavioral Health Board
Application for Appointment to Board



Applicant's Name: Alicia Oakes

Mailing Address: 450 Holbrook Dr Idaho Falls ID 83401

Home Phone: 208 509-6450 Work Phone: 208 991 4296

E-mail Address: aoakes@oneloveagency.org

Category of Membership Nomination for Region VII: (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> County Commissioner (3) | <input type="checkbox"/> Elementary or Secondary Public Education System |
| <input type="checkbox"/> IDHW Representative of Behavioral Health System (2) | <input type="checkbox"/> Parent of a Child with Serious Emotional Disturbance |
| <input type="checkbox"/> Hospital Representative within Region | <input type="checkbox"/> Parent of child with SUD |
| <input type="checkbox"/> Licensed Physician/Health Practitioner | <input checked="" type="checkbox"/> Family Member of a MH consumer |
| <input checked="" type="checkbox"/> Mental Health Provider within Region | <input type="checkbox"/> Family Member of a SUDS consumer |
| <input type="checkbox"/> SUDS Provider within Region | <input type="checkbox"/> Adult Mental Health consumer representative |
| <input type="checkbox"/> Juvenile Justice System | <input type="checkbox"/> Adult SUD services consumer representative |
| <input type="checkbox"/> Adult Corrections | <input checked="" type="checkbox"/> MH Advocate |
| <input type="checkbox"/> Judiciary | <input type="checkbox"/> SUD Advocate |
| <input type="checkbox"/> Law Enforcement Officer | <input type="checkbox"/> Prevention Specialist |

Please indicate briefly why you are interested in serving on the Region VII Behavioral Health Board and how you will use your participation to take this information back to your organization/community:

I am a Native American Female. I have experience with mental health and addiction in my personal life as well as school and employment. I have a Counseling/Therapy background as well as a social work degree and hold LMSW. I have over 20 years experience in social work world. I currently work at a mental health and addiction recovery agency.

Please provide two references (name and contact information) for the Appointing Authority to contact:

Name: Pick Adolpho Email: radolpho@oneloveagency.org Phone #: 435 553 9822

Name: Sarah Olson Email: saraholson@oneloveagency.org Phone #: 208 371 5042

Board members who miss three consecutive meetings without good cause are deemed to have terminated their membership.

Alicia Oakes
Signature

11/11/25
Date

Please email your application to mjohnson@eiph.idaho.gov or mail it to Eastern Idaho Public Health, Attn: Mallory Johnson, 1250 Hollipark Drive, Idaho Falls, ID 83401
Thank you for your interest in the Region VII Behavioral Health Board.